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RESPONSE UNDER 37 C.F.R. § 1.116
EXPEDITED PROCEDURE
EXAMINER GROUP 2178

In re Application of:

Docket No. 00169.000568

TIMOTHY MERRICK LONG, ET AL.

Application No.: 08/903,743

Examiner: Cesar B. Paula

Filed: July 31, 1997

Group Art Unit: 2178

For: HYPER-TEXT DOCUMENT FORMATTING
COLLATING AND PRINTING

Date: August 11, 2003

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Technology Center 2100

Sir:

Transmitted herewith is a Supplemental Amendment After Final Rejection and Petition Under 37 C.F.R. § 1.136(a) in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below:

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	27	MINUS	40	= 0	x \$9 \$18	\$ -0-
INDEP. CLAIMS	10	MINUS	10	= 0	x \$40 \$84	\$ -0-
Fee for Multiple Dependent claims \$135°/\$280						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$ -0-

°Verified Statement claiming small entity status is enclosed, if not filed previously.

A check in the amount of \$____ is enclosed.

Charge \$110.00 to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

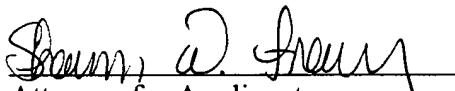
Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

A check in the amount of \$____ to cover the fee for a ____ month extension is enclosed.

A check in the amount of \$____ to cover the Information Disclosure Statement fee is enclosed.

Applicants' undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 530-1010. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicants
Shawn W. Fraser
Registration No. 45,886

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SWF/MHW:cmv:eyw

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